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INTELLECTUAL PROPERTY LAW

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July 10, 2007

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Commissioner of Patents and Trademarks
U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313

Re: POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS
INDICATION FORM

Dear Sir/Madam:

Attached please find Power of Attorney and Correspondence Address Indication Forms
for the following cases:

Serial No.	Our File Ref.:
10/945,380	1512.030
10/021,622	1512.211
10/949,831	1512.034
10/796,239	1512.166
11/155,950	1512.157
11/231,626	1512.040
10/911,927	1512.046

Very truly yours,

Keith M. Baxter

KMB/mkv
Attachments

{00137873.DOC /}

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PTO/SB/61 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/021,622
Filing Date	June 12, 2001
First Named Inventor	Paul F. Laeske
Title	Cauterizing Biopsy System
Art Unit	3736
Examiner Name	Charles A. Marmor II
Attorney Docket Number	1512.211

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number.

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

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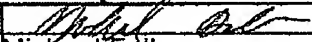
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6-28-02
Name	Michael Falk	Telephone	608-265-4527
Title and Company	Chief of Staff/Director of Intellectual Property, Wisconsin Alumni Research Foundation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.